INTRODUCTION

The contribution of comprehensive prenatal care to the reduction of maternal and fetal morbidity has been recognized in numerous research studies conducted during the past thirty years (Eastman, 1947; Gortmaker, 1979; Greenberg, 1983; Schwartz, 1962). As early as 1947, Eastman presented data indicating that women who received no prenatal care at the Johns Hopkins Hospital were three times more likely to deliver prematurely than those with three or more prenatal visits. While research findings have not been unanimous in support of this association, a significant body of research evidence indicates that women who obtain adequate prenatal care have larger babies than women who do not obtain such care. These babies are larger due to both a prolongation of gestation and an improved weight for gestation. This association remains after controls are provided for race and education.

Ensuring access to prenatal care services became a public health policy initiative nationally with the 1980 publication of *Objectives for the Nation* in which the objective was stated, "By 1990, the proportion of women in any county or racial or ethnic groups who obtain no prenatal care during the first trimester of pregnancy should not exceed 10 percent." (Public Health Service, 1980). Further, the National Association for Public Health Policy's Council on Maternal and Child Health (1986) has recently advocated the provision of maternity care to all pregnant women. While this is not a new public health goal, the provision of universal prenatal care may be further from reality today than in the past.

Data from numerous sources indicates that timely access to prenatal care has eroded in recent years. The National Center for Health Statistics Advance Report (1981) first noted a discontinuation in the long-standing trend of improvement in prenatal care statistics for the nation. These findings have been confirmed by surveys in Lexington/Fayette County, Kentucky (Kentucky Coalition for Maternal and Child Health, 1983), Oregon (Oregon State Health Division, 1983), and by more recent national data from the National Center for Health Statistics (1982) that indicated an increase in the proportion of black and white women receiving no prenatal care between 1981 and 1982.

North Carolina vital statistics during this period have mirrored other state and national data. During the period 1975-1980 the proportion of nonwhite infants born to North Carolina women who started prenatal care in the first trimester of pregnancy increased steadily by an average of 4.1 percent annually. The proportion of white infants born to women with first trimester care increased by an average of 5.1 percent annually. During the 1980-85 period the rate of improvement in timely prenatal care dropped precipitously by 1.5 percent and .4 percent annually for nonwhite and white infants respectively.

The percentage of nonwhite and white infants born to North Carolina mothers who had no prenatal care fluctuated over the 1975-1980 period. Table 1 indicates that the percent of all infants born to women with no prenatal care in 1975 was almost identical to the percentage in 1980. Beginning in 1981 a trend towards decreasing prenatal care utilization is evidenced in both white and nonwhite births. The percentage of white births born to women with no prenatal care increased by 29 percent between 1980 and 1985. The greatest single year increase for white births with no prenatal care was 10 percent between 1984 and 1985. The percentage of nonwhite births born to women with no prenatal care also showed a similar pattern with an increase of 42 percent between 1980 and 1985. Between 1984 and 1985 the percentage of nonwhite infants born to women with no care increased by 21 percent.

TABLE 1
PERCENTAGE OF BIRTHS TO WOMEN WITH NO PRENATAL CARE
1975-1985

Year	Race		Total
	White	Nonwhite	
1975	0.47	1.76	0.88
1976	0.54	1.71	0.91
1977	0.47	1.71	0.87
1978	0.53	1.68	0.90
1979	0.54	1.78	0.94
1980	0.52	1.69	0.89
1981	0.54	1.76	0.93
1982	0.57	1.78	0.96
1983	0.57	2.04	1.03
1984	0.61	1.98	1.03
1985	0.67	2.40	1.21

This alarming erosion of timely access to prenatal care in the state led to the initiation of the 1985 Access to Prenatal Care Study (APCS), a statewide survey of beliefs and conditions considered important in explaining access to prenatal care services by low-income North Carolina women.